

INSTRUCTIONS

VERIFIED PETITION FOR NAME CHANGE FOR A MINOR - CONSENT OF OTHER PARENT OR GUARDIAN

STATE OF INDIANA)
COUNTY OF PRINT THE NAME OF THE COUNTY WHERE YOU ARE FILING THESE PAPERS) SS: IN THE PRINT THE NAME OF THE COUNTY WHERE YOU ARE FILING THESE PAPERS CIRCUIT COURT
CASE NO. LEAVE BLANK, THE CLERK WILL FILL IN

IN RE CHANGE OF)
NAME OF MINOR:)
PRINT THE CURRENT FULL NAME OF THE MINOR)
PRINT YOUR CURRENT FULL NAME. YOU ARE THE)
PETITIONER IN THIS CHANGE OF NAME CASE.)
Petitioner.)

APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case.

1. My Name is: PRINT YOUR FULL NAME and I am

Initiating (filing) X;
Responding (answering or defending) _____; or
Intervening _____;

in this case on behalf of a minor.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

Address: PRINT YOUR FULL MAILING ADDRESS,
TOWN, STATE AND ZIP CODE
Email Address: PRINT YOUR EMAIL ADDRESS
Phone: PRINT YOUR PHONE NUMBER
FAX: PRINT YOUR FAX NUMBER

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

IF YOU USE A
CONFIDENTIAL
ADDRESS
THROUGH THE
OFFICE OF THE
ATTORNEY
GENERAL,
CHECK HERE

☐ _____ Attorney General confidential address (contact the Attorney General at 1-800-321-1907 or e-mail address is **confidential@atg.state.in.us**).

3. This is a LEAVE BLANK case type as defined in administrative Rule 8(B)(3).
(Clerk will supply this information.)

4. I will accept service by FAX at the following number IF YOU HAVE A FAX NUMBER WHERE YOU WANT TO RECEIVE COURT PAPERS, PRINT IT HERE

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5. This case is a domestic relations matter, involves reciprocal enforcement of support, paternity, delinquency, Child in Need of Services (CHINS), guardianship, or any other proceedings in which support may be an issue, and social security numbers of all family members are supplied on a separately attached document (Form TCM-TR3.1-4) filed as confidential information on light green paper.

_____ Yes X No

6. There are related cases: Yes _____ No X (If yes, please indicate below.)

Caption and case number of related cases:

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

Caption: _____ Case Number: _____

7. Additional information required by local rule:

IF NECESSARY, PRINT ADDITIONAL INFORMATION REQUIRED BY YOUR COUNTY'S LOCAL RULES _____

SIGN YOUR NAME _____

Self-Represented Party

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STATE OF INDIANA) IN THE _____ CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE CHANGE OF
NAME OF MINOR: _____

FOR THE SECTION ABOVE THE DOTTED LINE, COPY THE
INFORMATION HERE AS YOU FILLED IT OUT ON THE APPEARANCE.

Petitioner. _____

VERIFIED PETITION FOR CHANGE OF NAME OF MINOR

Petitioner, _____ PRINT YOUR FULL NAME _____, pro se, respectfully petitions
this court to change the name of the above-noted child. In support of this Petition, Petitioner states as
follows:

1. Petitioner is the father/mother/guardian of the child whose name is sought to be changed.
2. The written consent of the non-petitioning parent or guardian for the name change of the
minor child is filed with this Petition (not required under I.C. 31-19-9).
3. That the child's current name is: PRINT THE CURRENT FULL NAME OF THE MINOR
4. That the child's date of birth is: PRINT THE MINOR'S DATE OF BIRTH.
5. That the child's mailing address is: PRINT THE MINOR'S MAILING ADDRESS, TOWN, STATE AND
ZIP CODE

And, if different, the child's residential address is:

IF THE MINOR'S MAILING ADDRESS IS DIFFERENT FROM THE MINOR'S STREET
ADDRESS, ALSO PRINT THE STREET ADDRESS, TOWN, STATE AND ZIP CODE

6. That the child's Indiana driver's license number/Indiana identification card number is
PRINT THE MINOR'S INDIANA DRIVER'S LICENSE
NUMBER OR IDENTIFICATION CARD NUMBER; and I will bring the child's Indiana driver's license or
identification card to the Change of Name Hearing for verification.

7. The following is a list of all of the previous names of the child:

PRINT ALL OF THE MINOR'S PREVIOUS NAMES

8. That the child (does) (does not) hold a valid United
States passport. Proof that the child is a United States citizen is
PRINT THE MINOR'S PROOF OF CITIZENSHIP will bring this document to the
Change of Name Hearing for verification.

IF THE MINOR HAS A VALID U.S. PASSPORT, CIRCLE
"DOES"; IF THE MINOR DOES NOT HAVE A VALID U.S.
PASSPORT, CIRCLE "DOES NOT". PROOF IS A CERTIFIED
BIRTH CERTIFICATE, CONSULAR REPORT OF BIRTH
ABROAD OR CERTIFICATION OF BIRTH, NATURALIZATION
CERTIFICATE, CERTIFICATE OF CITIZENSHIP, OR
SECONDARY DOCUMENTS. FOR A LIST OF SECONDARY
DOCUMENTS, VISIT [HTTP://TRAVEL.STATE.GOV/
PASSPORT/GET/FIRST/FIRST_4315.HTML](http://travel.state.gov/passport/get/first/first_4315.html)

INSTRUCTIONS

VERIFIED PETITION FOR NAME CHANGE FOR A MINOR - CONSENT OF OTHER PARENT OR GUARDIAN

9. That the following judgments of criminal conviction of a felony under the laws of any state or the United States have been entered against the child, or I have stated immediately below that the child does not have any felony convictions:

PRINT THE JUDGMENTS OF FELONY CONVICTIONS UNDER THE LAWS OF ANY STATE OR THE UNITED STATES THAT HAVE BEEN ENTERED AGAINST MINOR OR PRINT "THE CHILD DOES NOT HAVE ANY FELONY CONVICTIONS." PLEASE SEE THE NOTE BELOW FOR MORE INFORMATION ON THIS PARAGRAPH.

10. That changing the child's name is not an effort to defraud any of the child's creditors.

11. That notice of the request for name change has been published in a local publication as required by law and will be brought to the Change of Name Hearing.

12. That the child is not confined to a Department of correction facility or a sex or violent offender who is required to register under I.C. 11-8-8.

13. That pursuant to Indiana Code 34-28-2-1, I petition this court to change the child's name. Pursuant to Indiana Code 34-28-2-2 (b), the reason the change of the child's name is requested is:

PRINT THE REASON YOU WANT TO CHANGE THE MINOR'S NAME

14. That I request that the child's name be changed to

PRINT THE FULL NAME YOU WOULD LIKE THE
MINOR'S NAME CHANGED TO

15. The non-petitioning parent or guardian of the Minor child has been served with a copy of this Petition as required by the Indiana Trial rules.

16. I request this Court to set a hearing to consider the Petition for Change of Name of Minor Child.

WHEREFORE, I respectfully request that this Court grant this Petition for Name Change of a Minor, and for all other just and proper relief. I affirm under the penalties of perjury that the foregoing representations are true.

NOTE FOR QUESTION 9 ABOVE:

IF MINOR HAS HAD A FELONY CONVICTION WITHIN TEN (10) YEARS, YOU MUST PROVIDE NOTICE OF THE FILING OF THIS PETITION FOR NAME CHANGE TO: (1) THE SHERIFF OF THE COUNTY IN WHICH MINOR RESIDES; (2) THE PROSECUTING ATTORNEY OF THE COUNTY IN WHICH MINOR RESIDES; AND (3) THE INDIANA CENTRAL REPOSITORY FOR CRIMINAL HISTORY INFORMATION. THE NOTICE GIVEN TO THE INDIANA CENTRAL REPOSITORY FOR CRIMINAL HISTORY INFORMATION MUST INCLUDE MINOR'S FULL CURRENT NAME, REQUESTED NAME CHANGE, DATE OF BIRTH, ADDRESS, PHYSICAL DESCRIPTION, AND A FULL SET OF CLASSIFIABLE FINGERPRINTS. FAILURE TO PROVIDE NOTICE AT LEAST 30 DAYS PRIOR TO THE HEARING ON THIS PETITION IS A CLASS A MISDEMEANOR.

SIGN YOUR FULL NAME AND CIRCLE IF YOU
ARE PARENT OR GUARDIAN

Signature (Parent) (Guardian)

PRINT YOUR CURRENT FULL NAME

(Parent) (Guardian) Printed Name

PRINT YOUR MAILING ADDRESS

Mailing Address

PRINT YOUR CITY, STATE AND ZIP CODE

Town, State and Zip Code

PRINT YOUR TELEPHONE NUMBER WITH AREA CODE

Telephone Number, with Area Code

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VERIFIED PETITION FOR NAME CHANGE FOR A MINOR - CONSENT OF OTHER PARENT OR GUARDIAN

STATE OF INDIANA) IN THE _____ CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE CHANGE OF
NAME OF MINOR:

Petitioner.

)
)
) FOR THE SECTION ABOVE THE DOTTED LINE, COPY THE
) INFORMATION HERE AS YOU FILLED IT OUT ON THE APPEARANCE.

) **THIS FORM IS TO BE FILLED OUT BY THE MINOR'S OTHER**
) **PARENT OR GUARDIAN, WHO IS THE "NON-PETITIONING**
) **PARTY" AND YOU ARE TO FILE IT WITH THE OTHER FORMS.**

CONSENT TO CHANGE OF NAME OF MINOR

I, the non-petitioning party, make the following declarations:

1. My full name is: NON-PETITIONING PARTY: PRINT YOUR FULL NAME.

2. I reside at: NON-PETITIONING PARTY: PRINT YOUR MAILING ADDRESS, TOWN,
STATE AND ZIP CODE

3. I am the non-petitioning father/mother/guardian of the Minor Child.

4. Pursuant to Indiana Code 34-28-2-2, I hereby consent to the Minor Child's name to be
changed from PRINT THE CURRENT FULL NAME OF THE MINOR to

PRINT THE FULL NAME THE PETITIONER WANTS THE MINOR'S
NAME CHANGED TO

5. This consent is executed by me without coercion or duress and is irrevocable.

6. The petitioning parent or guardian of the Minor Child has served me with a copy of
Petition for Change of Name of Minor as required by the Indiana Trial rules.

WHEREFORE, I affirm under the penalties of perjury that the foregoing representations are true.

NON-PETITIONING PARTY: FILL OUT THE INFORMATION BELOW:

SIGN YOUR FULL NAME

Signature

PRINT YOUR FULL NAME

Print Your Name

PRINT YOUR MAILING ADDRESS

Mailing Address

PRINT YOUR CITY, STATE AND ZIP CODE

Town, State and Zip Code

PRINT YOUR TELEPHONE NUMBER WITH AREA CODE

Telephone Number, with Area Code

INSTRUCTIONS

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STATE OF INDIANA) IN THE _____ CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE CHANGE OF
NAME OF MINOR:

)
)
) FOR THE SECTION ABOVE THE DOTTED LINE, COPY THE
) INFORMATION HERE AS YOU FILLED IT OUT ON THE APPEARANCE.
)

Petitioner.)

NOTICE OF FILING PROOF OF PUBLICATION

Petitioner, _____ PRINT YOUR FULL NAME _____, pro se, states as follows:

1. I have given notice of the Petition for Change of Name of Minor Child, pursuant to Indiana Code 34-28-2-3.

2. Notice was given by three (3) weekly publications in a newspaper of general circulation published (in the county in which the petition is filed in court)(in the nearest adjacent county because no newspaper is published in the county in which the petition is filed). **CIRCLE THE SENTENCE THAT EXPLAINS WHERE THE NEWSPAPER IS LOCATED.**

3. The first notice was published not more than seven (7) days after the date the Petition to Change Name of Minor Child was filed.

4. The published notice included:

- A. The name of the petitioner.
- B. The name of the minor child whose name is to be changed.
- C. The new name desired.
- D. The name of the court in which the action is pending and cause number.
- E. The date on which the petition was filed.
- F. The date, time, and location of the hearing.
- G. A statement that any person has the right to appear at the hearing and to file

objections.

5. I have attached a copy of the published notice herein as Exhibit A.

INSTRUCTIONS

VERIFIED PETITION FOR NAME CHANGE FOR A MINOR - CONSENT OF OTHER PARENT OR GUARDIAN

6. The attached notice has been verified by the affidavit of a disinterested person.
7. More than thirty (30) days have passed since the final required publication of notice.

WHEREFORE, I affirm under the penalties of perjury that the foregoing representations are true to the best of my knowledge and belief.

SIGN YOUR FULL NAME

Signature

PRINT YOUR FULL NAME

Print Your Name

PRINT YOUR MAILING ADDRESS

Mailing Address

PRINT YOUR CITY, STATE AND ZIP CODE

Town, State and Zip Code

PRINT YOUR TELEPHONE NUMBER WITH AREA CODE

Telephone Number, with Area Code

INSTRUCTIONS

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STATE OF INDIANA) IN THE _____ CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE CHANGE OF
NAME OF MINOR:

Petitioner.

)
)
) FOR THE SECTION ABOVE THE DOTTED LINE, COPY THE
) INFORMATION HERE AS YOU FILLED IT OUT ON THE APPEARANCE.
)
)

NOTICE OF HEARING

Notice is hereby given that Petitioner _____ PRINT YOUR FULL NAME _____, pro
se, filed a Verified Petition for Change of Name of Minor to change the name of minor child from
PRINT THE CURRENT FULL NAME OF THE MINOR _____ to PRINT THE FULL NAME YOU WOULD LIKE THE MINOR'S NAME.
CHANGED TO _____

The petition is scheduled for hearing in the _____ PRINT THE NAME OF THE COUNTY WHERE
YOU ARE FILING THESE PAPERS _____ Circuit Court on
LEAVE BLANK _____, 20____, at _____ o'clock _____.m., which is more than thirty (30) days
after the third notice of publication. Any person has the right to appear at the hearing and to file written
objections on or before the hearing date. The parties shall report to _____ LEAVE BLANK _____.

Date

Clerk of _____ PRINT THE NAME OF THE
COUNTY WHERE YOU ARE
FILING THESE PAPERS _____ Circuit Court

Distribution:

PRINT YOUR FULL NAME

Print Your Name

PRINT YOUR MAILING ADDRESS

Mailing Address

PRINT YOUR CITY, STATE AND ZIP CODE

Town, State and Zip Code

PRINT YOUR TELEPHONE NUMBER WITH AREA CODE

Telephone Number, with Area Code

PRINT THE NON-PETITIONING PARTY'S NAME

Print Non-Petitioning Party's Name

PRINT THE NON-PETITIONING PARTY'S MAILING
ADDRESS

Mailing Address

PRINT THE NON-PETITIONING PARTY'S CITY,
STATE AND ZIP CODE

City, State and Zip Code

PRINT THE NON-PETITIONING PARTY'S TELEPHONE
NUMBER WITH AREA CODE

Telephone Number, with Area Code

INSTRUCTIONS

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STATE OF INDIANA) IN THE _____ CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE CHANGE OF
NAME OF MINOR:)

) FOR THE SECTION ABOVE THE DOTTED LINE, COPY THE
) INFORMATION HERE AS YOU FILLED IT OUT ON THE APPEARANCE.
)
)

Petitioner.)

ORDER ON VERIFIED PETITION FOR CHANGE OF NAME OF MINOR

Comes now the Court, having reviewed the Verified Petition for Change of Name of Minor and the Notice of Filing Proof of Publication, and having confirmed service on the non-petitioning parent now finds as follows:

1. The Minor Child's current name is PRINT THE CURRENT FULL NAME OF THE MINOR.
2. The Minor Child resides at: PRINT THE MINOR'S RESIDENTIAL ADDRESS, TOWN, STATE AND ZIP CODE
3. The Minor Child's date of birth is PRINT THE MINOR'S DATE OF BIRTH.
4. The Minor Child has not been convicted of a felony within the last ten (10) years.
5. The Petitioner wishes to change the Minor Child's name to:
PRINT THE FULL NAME THE PETITIONER WANTS THE MINOR'S NAME CHANGED TO

6. This Order is in accordance with the best interest of the Minor Child as guided by IC 31-17-2-8.

WHEREFORE, IT IS ORDERED that Petitioner's Petition for Change of Name of Minor is **GRANTED**, and Minor's name is hereby changed to PRINT THE FULL NAME THE PETITIONER WANTS THE MINOR'S NAME CHANGED TO.

Date

Judge, _____ Circuit Court

Distribution:

PRINT YOUR FULL NAME
Print Your Name

PRINT YOUR MAILING ADDRESS
Mailing Address

PRINT YOUR CITY, STATE AND ZIP CODE
Town, State and Zip Code

PRINT YOUR TELEPHONE NUMBER WITH AREA CODE
Telephone Number, with Area Code

PRINT THE NON-PETITIONING PARTY'S NAME
Print Non-Petitioning Party's Name
PRINT THE NON-PETITIONING PARTY'S MAILING ADDRESS

Mailing Address
PRINT THE NON-PETITIONING PARTY'S CITY, STATE AND ZIP CODE

Town, State and Zip Code
PRINT THE NON-PETITIONING PARTY'S TELEPHONE NUMBER WITH AREA CODE

Telephone Number, with Area Code

STATE OF INDIANA) IN THE _____ CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE CHANGE OF)
NAME OF MINOR:)
)
)
)
)
Petitioner.)

APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case.

1. My Name is: _____ and I am

Initiating (filing) X ;
Responding (answering or defending) _____; or
Intervening _____;

in this case on behalf of a minor.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

Address: _____

Email Address: _____

Phone: _____

FAX: _____

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

____ Attorney General confidential address (contact the Attorney General at 1-800-321-1907 or e-mail address is **confidential@atg.state.in.us**).

3. This is a _____ case type as defined in administrative Rule 8(B)(3).
(Clerk will supply this information.)

4. I will accept service by FAX at the following number _____

5. This case is a domestic relations matter, involves reciprocal enforcement of support, paternity, delinquency, Child in Need of Services (CHINS), guardianship, or any other proceedings in which support may be an issue, and social security numbers of all family members are supplied on a separately attached document (Form TCM-TR3.1-4) filed as confidential information on light green paper.

_____ Yes X No

6. There are related cases: Yes_____ No X *(If yes, please indicate below.)*

Caption and case number of related cases:

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

Caption:_____ Case Number: _____

7. Additional information required by local rule:

Self-Represented Party

9. That the following judgments of criminal conviction of a felony under the laws of any state or the United States have been entered against the child, or I have stated immediately below that the child does not have any felony convictions:

10. That changing the child's name is not an effort to defraud any of the child's creditors.

11. That notice of the request for name change has been published in a local publication as required by law and will be brought to the Change of Name Hearing.

12. That the child is not confined to a Department of correction facility or a sex or violent offender who is required to register under I.C. 11-8-8.

13. That pursuant to Indiana Code 34-28-2-1, I petition this court to change the child's name. Pursuant to Indiana Code 34-28-2-2 (b), the reason the change of the child's name is requested is:

14. That I request that the child's name be changed to _____.

15. The non-petitioning parent or guardian of the Minor child has been served with a copy of this Petition as required by the Indiana Trial rules.

16. I request this Court to set a hearing to consider the Petition for Change of Name of Minor Child .

WHEREFORE, I respectfully request that this Court grant this Petition for Name Change of a Minor, and for all other just and proper relief. I affirm under the penalties of perjury that the foregoing representations are true.

Signature (Parent) (Guardian)

(Parent) (Guardian) Printed Name

Mailing Address

Town, State and Zip Code

Telephone Number, with Area Code

STATE OF INDIANA) IN THE _____ CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE CHANGE OF)
NAME OF MINOR:)
)
)
)
)
Petitioner.)

NOTICE OF FILING PROOF OF PUBLICATION

Petitioner, _____, pro se, states as follows:

1. I have given notice of the Petition for Change of Name of Minor Child, pursuant to Indiana Code 34-28-2-3.
2. Notice was given by three (3) weekly publications in a newspaper of general circulation published (in the county in which the petition is filed in court)(in the nearest adjacent county because no newspaper is published in the county in which the petition is filed).
3. The first notice was published not more than seven (7) days after the date the Petition to Change Name of Minor Child was filed.
4. The published notice included:
 - A. The name of the petitioner.
 - B. The name of the minor child whose name is to be changed.
 - C. The new name desired.
 - D. The name of the court in which the action is pending and cause number.
 - E. The date on which the petition was filed.
 - F. The date, time, and location of the hearing.
 - G. A statement that any person has the right to appear at the hearing and to file objections.
5. I have attached a copy of the published notice herein as Exhibit A.

6. The attached notice has been verified by the affidavit of a disinterested person.
7. More than thirty (30) days have passed since the final required publication of notice.

WHEREFORE, I affirm under the penalties of perjury that the foregoing representations are true to the best of my knowledge and belief.

Signature

Print Your Name

Mailing Address

Town, State and Zip Code

Telephone Number, with Area Code

STATE OF INDIANA) IN THE _____ CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE CHANGE OF)
NAME OF MINOR:)
)
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)
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Petitioner.)

NOTICE OF HEARING

Notice is hereby given that Petitioner_____, pro
se, filed a Verified Petition for Change of Name of Minor to change the name of minor child from
_____ to _____.

The petition is scheduled for hearing in the _____ Circuit Court on
_____, 20____, at _____ o'clock _____.m., which is more than thirty (30) days
after the third notice of publication. Any person has the right to appear at the hearing and to file written
objections on or before the hearing date. The parties shall report to _____.

Date

Clerk of _____ Circuit Court

Distribution:

Print Your Name

Print Non-Petitioning Party's Name

Mailing Address

Mailing Address

Town, State and Zip Code

City, State and Zip Code

Telephone Number, with Area Code

Telephone Number, with Area Code

